

NOTICE OF CONTRACTING OPPORTUNITY

**APPLICATION FOR
NAVY CONTRACT POSITIONS
27 January 2003**

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS **3:00 PM EST ON OR BEFORE 24 FEBRUARY 2003. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:**

**NAVAL MEDICAL LOGISTICS COMMAND
ATTN: CODE 02
1681 NELSON STREET
FORT DETRICK, MD 21702-9203**

**E-MAIL: acquisitions@nmlc.med.navy.mil
TELEPHONE: 301-619-3121**

A. NOTICE. This position is set-aside for individual Athletic Trainers only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. ATHLETIC TRAINER. The Government is seeking to place under contract two individuals who possess current Certification in Athletic Training through the National Trainers' Association (NATA) Board of Certification. This individual must also (1) meet all the requirements contained herein; and (2) competitively win this contract award.

PLACE OF PERFORMANCE. You shall provide services for The Basic School (TBS) at Marine Corps Base (MCB) Quantico, VA. Services shall be provided in the TBS Branch Medical Clinic, Athletic Training Room (ATR) at Graves Hall, and surrounding training areas. The actual location where services will be provided shall vary based on the needs of the command. During gaps in TBS training, you may provide services at the Branch Medical Clinic, Barracks Sick Call areas and surrounding training areas at Officer Candidate School (OCS) MCB Quantico, VA. Services provided shall be limited to Officer Candidates, Basic Officer/Basic Warrant Officer students, Infantry Officer Course students and other active duty personnel undergoing training/working in support of training at these locations. Services may be provided to active duty members selected to the Marine Corps Wrestling and Marathon teams in residence at MCB Quantico, VA in the OCS Medical Clinic on a space available basis. All services will be performed within a 20-mile radius of TBS at Marine Corps Base, Quantico, VA.

You shall be on duty in the assigned clinical area for 40 hours each week; between the hours of 0600 and 1700. You shall normally provide services for an 8.5 or 9-hour period (to include an uncompensated .5 or 1 hour for lunch depending on shift length), Monday through Friday. Specific hours shall be scheduled one month in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other medical duties.

You shall accrue 8 hours of personal leave to be used for both planned (vacation) and unplanned (sickness) absences at the end of every 2-week period worked. Your services may be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. The Commanding Officer will notify you 30 days in advance if such services are required. Should you be required to provide services on a Federal holiday, you shall be given another day off as scheduled by the Commanding Officer. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be

renewable each fiscal year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of “Commanding Officer” means: Commanding Officer, Marine corps Base, Quantico, VA, or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. DUTIES AND RESPONSIBILITIES. The ATC shall perform a full range of Certified Athletic Trainer duties, within the scope of this statement of work, on site using government furnished supplies and facilities. Services shall include physical rehabilitation, nutrition, and comprehensive Certified Athletic Trainer Services. You shall develop and implement protocols to minimize injuries, optimize specific skills, and maintain levels of performance of mission-specific skills during prolonged deployments. Workload occurs as a result of scheduled and unscheduled requirements for care. Your primary duty shall be to provide services to active duty members selected to the Marine Corps Wrestling and Marathon teams in residence at MCB Quantico, VA in the OCS Medical Clinic on a space available basis.

APPEARANCE. Uniform shall consist of a collared Polo-like shirt with organizational logo (provided), Khaki-like pants, and footwear/outerwear appropriate for the work location. HCWs shall be neat, clean, well groomed, and in appropriate clothing when in patient care and public areas. All clothing shall be free of visible dirt and stains, and shall fit correctly. Fingernails shall be clean and free from dirt and hair shall be neatly trimmed and combed. HCWs shall display an identification badge, which includes the HCW’s full name and professional status (furnished by the Government) on the right breast of the outer clothing. Security badges provided by the Government shall be worn when on duty.

1. Administrative and Training Requirements. The ATC shall:

1.1. Maintain NATA Certification. The Command will allocate time for attendance to two annual meeting or seminar courses utilized for completion of the continuing education units required to maintain NATA Certification. CPR re-certification will be provided by the Navy. You shall be compensated for these planned absences.

1.2. Attend regular meetings to remain cognizant of the unit’s training schedule. The meeting schedule will be at the discretion of the Commanding Officer.

1.3. Participate in periodic meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of regular working hours, the ATC shall be required to read and initial the minutes of the meeting.

1.4. Participate in the provision of periodic in-service training to healthcare and non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to care and attend annual renewal of annual training requirements provided by the BMC/SMART Center and associated clinics and facilities.

1.5 Maintain a level of fitness sufficient to participate in various Marine Corps physical training activities

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(conditioning hikes, obstacle courses, calisthenics, etc.). The level of participation in these activities will be sufficient enough to gain a clear appreciation in order to identify possible causal injury factors in Marine training.

2. Clinical Duties. Your actual clinical performance will be a function of the overall demand for Certified Athletic Trainer services. Productivity is expected to be comparable with that of other individuals performing similar services. Your primary function shall be to prevent, recognize, treat and rehabilitate injuries sustained during rigorous military training required to establish /maintain the physical readiness of personnel . All services performed shall fall within those guidelines established by the National Athletic Trainers Association , American College of Sports Medicine, and American Medical Society for Sports Medicine, and. You shall:

2.1. Function as an NATA certified ATC under the clinical supervision (Direct/Indirect) of a Physician Supervisor assigned to you by the Commanding Officer. The Physician Supervisor is responsible for the care rendered by the ATC. The following levels of supervision are pertinent:

A. Direct supervision-The Physician Supervisor is involved in the decision making process. This level of supervision is for all ATCs in their initial evaluation period with their Physician Supervisor (30 days).

Direct supervision may be subdivided as follows:

- (1) Verbal- The Physician Supervisor is contacted by direct conversation or telephone before the ATC implements or changes a regimen of care.
- (2) Physically present- The Physician Supervisor is present through all or a significant portion of care. In the BMC/SMART center, direction supervision is reflected by the physician's co-signature of the patient's record before he/she departs from the facility.

B. Indirect-The Physician Supervisor is not required to be involved in the decision making process at the time decisions are made. This supervision is primarily accomplished through retrospective review of records, evaluation of appropriateness of consultation and referral, and evaluation of events identified through occurrence screens. Retrospective record reviews will assess the adequacy of the history and physical examination; appropriateness of tests and planned course of treatments and interventions. This type of supervision will be afforded the ATC following successful completion of a 30-day probationary period and demonstrated competency of functional areas related to ATCs required knowledge domains.

2.2. Provide consultation both to and from the Physician Supervisor/other physicians. The ATC is responsible for a full range of direct prevention, treatment and rehabilitation as ordered by the Physician Supervisor/other physicians.

2.3. Provide evaluation and treatment of musculoskeletal injuries incurred, including, but not limited to, the following: Progressive Resistance Exercise (PRE), Open and Closed Chain Kinetic Exercises, Proprioceptive Neuromuscular Facilitation (PNF), manual therapy and joint mobilization, hydrotherapy, hydrocollator, cryotherapy, ultrasound, phonophoresis, iontophoresis, and all varieties of muscle stimulation. You shall be familiar with the application of the following equipment; Biodex Isokinetic elevation and stimulation, ski machines, stair machines, treadmill exercisers, gravitron, free weights and universal machines, BAPS board, Back System, Anodyne, aquatic therapeutic devices and instruction in therapeutic, corrective and rehabilitative exercises using specific equipment and strength training devices.

2.4. Provide treatment for soft tissue damage, acute and chronic edema, post-surgical edema, muscle atrophy, pain, overuse injuries, decreased circulation and loss of strength due to injury or biomechanical imbalance.

2.5. Provide appropriate follow-up evaluation.

2.6. Design and fabricate protective pads, equipment and braces for the prevention and treatment of injuries including the use of proper taping techniques.

2.7. Supervise students from various programs and be responsible for providing instruction in injury assessments and rehabilitation utilization of all indicated modalities, equipment, braces and treatment protocol.

2.8. Provide instruction and services in the area of applied anatomy, physiology of exercise, kinesiology and

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biomechanics.

2.9. Provide training and guidance, as necessary, to supporting employees assigned to you by the Physician Supervisor during the performance of rehabilitative procedures. Such direction and interaction will adhere to government and professional clinical standards and accepted athletic trainer treatment protocols. You shall/will perform administrative duties, which include maintaining statistical records of clinical workload, participating in education programs and medical research, preparing documentation for medical boards, and participation in clinical staff quality assurance functions as prescribed by the Physician Supervisor.

2.10. Provide emergency first aid, evaluation and treatment of injuries, and aid in preliminary diagnosis to include recognition of severity of injury, rendering initial treatment and performing initial examination.

3. Records and Documentation:

3.1. Maintain documentation of all treatment provided in accordance with clinic directives, and prepare such records and reports as may be required. Your assessment may be a factor in light duty or limited duty determinations where there is a question of physical ability or potential for injury.

3.2. Assist with inventory and maintenance of medical supplies and assist in the preparation of the budget and supply requisitions. This includes replenishing exhausted supplies, preventative maintenance and presenting new rehabilitation equipment to the Physician Supervisor for purchase consideration.

4. Directed Epidemiology:

4.1 In cooperation with the Physician Supervisor utilize the following public health model of managing injury risk to assist the Commanding Officer in ongoing efforts to design effective physical readiness programs:

- A. Determine existence and size of injury problems.
- B. Identify causes of the problem.
- C. Determine what prevents the problem
- D. Implement prevention strategies, training and programs.
- E. Continue surveillance and monitor effectiveness of prevention efforts.

4.2. Document all assessments, treatments and follow-up care rendered through either written reports or through computerized means on a daily basis. Treatment and follow-up records on each individual requiring services shall document cause, contributing factors, duration, diagnosis and follow-up for use in research and analysis to improve treatment and develop methods for injury prevention.

4.3. Provide instruction and guidance as directed in courses relating to physical conditioning, injury prevention and recognition, pre-operative and post-operative rehabilitation, stretching, exercise physiology, posture and body mechanics.

D. MINIMUM PERSONNEL QUALIFICATIONS. It should be noted that in respect to the fact that both male and female recruits/officer candidates train at MCRDPI/OCS, the resulting awards will entail a gender mix. To be qualified for this position you must:

1. Possess current certification as a Certified Athletic Trainer through the National Trainers' Association (NATA) Board of Certification (provide a copy of certification with expiration date).
2. Possess experience of at least 12 months within the preceding 36 months as an athletic trainer with collegiate athletes, professional athletes, or military operations personnel.
3. Possess experience with Windows-based computer systems of at least 12 months within the preceding 36 months.

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4. Possess experience with computerized injury tracking programs.
5. Provide letters of recommendation from one practicing physician board certified in Orthopedics or Sports Medicine and two other physicians attesting to the ATC's clinical skills. Letters of recommendation must include name, title, date of reference, phone number, address and signature of the individual providing reference and must be written within the preceding 2 years.
6. Possess U.S. employment eligibility per Attachment 3. Provide copies of supporting documentation per Attachment 3.
7. Represent an acceptable malpractice risk to the Navy and Marine Corps.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following enhancing criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Experience, both quantity and quality as it relates to the duties contained herein. Experience may be documented through additional letters of recommendation from former supervisors, etc. These letters of recommendation, and those required in item 6.5. above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise as they relate to this statement of work, etc, then,
2. Masters Degree in Athletic Training/Sports Medicine or related field, then,
3. Additional certification as a Certified Strength and Conditioning Specialist (CSCS) through the National Strength and Conditioning Association, then,
4. Continuing Education history. Your continuing education history may enhance your ranking if it includes advanced coursework in mechanical spinal problems and overuse injuries, then,
5. Prior experience providing medical services to the military. If you were in the military, please provide a copy of your Form DD214.
6. Prior experience in worksite injury prevention programs or other patient care experience with work-related injuries.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed " *Personal Qualifications Sheet – (Athletic Trainer) " (Attachment 1).
2. _____ A completed Pricing Sheet (Attachment 2).
3. _____ Proof of employment eligibility (Attachment 3).
4. _____ Three or more letters of recommendation per paragraph D.5., above. (If applicable)
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ Small Business Representation (Attachment 5)

*Please answer every question on the " Personal Qualifications Sheet - Athletic Trainer". Mark "N/A" if the item is not applicable.

G. Other Information for offerors.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK

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available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 622110.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment III, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to acquisitions@nmlc.med.navy.mil by fax at (301) 619-6793 or by telephone at (301) 619-3121. **NOTE: Reference "Code 22M" in the subject line of all e-mails sent to the stated address.**

We look forward to receiving your application.

PERSONAL QUALIFICATIONS SHEET – ATHLETIC TRAINER

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Section D. of the solicitation. In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Item VIII. of the Personal Qualifications Sheet.

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education, Professional Registration, Experience, Personal and Professional Information Sheet, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever been the subject of a malpractice claim?
(Indicate final disposition of case in comments) | _____ | _____ |
| 2. Have you ever been a defendant in a felony or misdemeanor case?
(Indicate final disposition of case in comments) | _____ | _____ |
| 3. Has your license or certification to practice ever been revoked or
restricted in any state? | _____ | _____ |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)

PERSONAL QUALIFICATIONS SHEET – ATHLETIC TRAINER

I. General Information

Name: _____ SSN: _____
Last First Middle

Address: _____

Phone: (____) _____

II. Professional Education You must have a Bachelor's degree level education with an emphasis in Athletic Training:

Degree from: _____

(Name and location of the school where you received your degree)

Date of Degree: _____ (mm/dd/yy)

Master's Degree (Optional) _____

(Name and location of the school where you received your degree)

Date of Degree: _____ (mm/dd/yy)

III. NATA Certification Current certification with NATA (Section E, Item 1):

Date of Registration _____ (mm/dd/yy) Registration Number

(NOTE: Please provide a copy of your certification displaying the expiration date)

IV. Continuing Education:

<u>Title Of Course</u>	<u>Course Dates</u>	<u>CE Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. Basic Life Support, Equivalent to BLS - C.

Training Type listed on Card: _____

Expiration Date: _____ (mm/dd/yy)

VI. Professional Employment: List your current and preceding employers. Experience must total at least 12 months within the preceding 36 months. Provide dates as month/year.

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
(1) _____	_____	_____

Work Performed: _____

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Names and Addresses of Preceding Employers

	<u>From</u>	<u>To</u>
(2) _____	_____	_____

Work Performed: _____

	<u>From</u>	<u>To</u>
(3) _____	_____	_____

Work Performed: _____

Are you are currently employed on a Navy contract? If so, where is your current contract and what is the position?

VII. Employment Eligibility:

	<u>Yes</u>	<u>No</u>
Do you meet the requirements for U.S. Employment Eligibility contained in Section V?	_____	_____

VIII. Professional References: Provide letters of recommendation from three practicing physician's board certified in Orthopedics or Sports Medicine or other physicians practicing Sports Medicine attesting to your clinical skills.

Letters of recommendation must include name, title, date of reference, phone number, address and signature of the individual providing reference and must be written within the preceding 5 years.

IX. Experience with Computer Systems : Identify the systems and software with which you have experience.

X. Additional Medical Certifications or Licensure:

XI. I hereby certify the above information to be true and accurate:

_____	_____ (mm/dd/yy)
(Signature)	(Date)

Attachment 2

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 14 April 2003 through 30 September 2003. Five option periods will be included which will extend services through 13 April 2008, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Athletic Trainers in the Quantico, VA area. The hourly price should include consideration for the following taxes and insurance that is required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you propose for the base period will be added to the proposed price for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Athletic Trainers at The Basic School (TBS) at Marine Corps Base (MCB), in Quantico, VA in accordance with this Application and the resulting contract.				
0001AA	Base Period; 14 Apr 03 thru 30 Sep 03	976	Hours	_____	_____
0001AB	Option Period I; 1 Oct 03 thru 30 Sep 04	2096	Hours	_____	_____
0001AC	Option Period II; 1 Oct 04 thru 30 Sep 05	2088	Hours	_____	_____
0001AD	Option Period III; 1 Oct 05 thru 30 Sep 06	2088	Hours	_____	_____
0001AE	Option Period IV; 1 Oct 06 thru 30 Sep 07	2088	Hours	_____	_____
0001AF	Option Period V; 1 Oct 07 thru 13 Apr 08	1120	Hours	_____	_____
TOTAL FOR CONTRACT LINE ITEM 0001					_____

Printed Name _____

Signature _____ Date _____

**LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A
LIST A**

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county,

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4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority
For persons under age 18 who are unable to present a document listed above;
10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

municipal authority or outlying possession of the United States bearing an official seal

4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List A).

Attachment 4

**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr2000.com/> If you do not have internet access, please contact the CCR Assistance Center at 1-888-227-2423.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com>.

Complete the following and submit with initial offer:

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

E-mail Address: _____

Attachment 5

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A

- ☐ The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
- ☐ Hispanic American.
- ☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name : _____

Notice of Contracting Opportunity No.: _____